

# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>19-JUN-2016</b>		TIME <b>14:24:00</b>		2. ADDRESS OF OCCURRENCE <b>8831 S WABASH AVE CHICAGO, IL 60619</b>		3. LOCATION CODE <b>291</b>		4. BEAT/OCCUR <b>0632</b>		4a. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BW <input type="checkbox"/> 02 IN-CAR CAMER <input type="checkbox"/> 03 OTHER REPT VIDEO														
MEMBER INVOLVED	5. POSITION <b>9161</b>		6. LAST NAME <b>BILINA</b>		7. FIRST NAME <b>MICHAEL J</b>		8. STAR NO. <b>6269</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE <b>603</b>		12. HT. <b>257</b>									
	14. DATE OF APPT. <b>01-SEP-2010</b>		16. EMPLOYEE NO. <b>[REDACTED]</b>		18. UNIT & BEAT OF ASSIGNMENT <b>006 0663D</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		15. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No													
	20. LAST NAME <b>FOREMAN</b>		21. FIRST NAME <b>ROBERT</b>		22. M.I. <b>T</b>		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B <b>15-JUN-1994</b>		26. HT. <b>504</b>		27. WT. <b>165</b>									
	28. ADDRESS <b>9111 S MICHIGAN AVE CHICAGO, IL 60619</b>				29. TELEPHONE NO.		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No													
SUBJECT INFORMATION	32a. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Appeared/None				34. WHERE WAS MEDICAL TREATMENT OBTAINED?																			
	34. BY WHOM?				35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized <input checked="" type="checkbox"/> 05 Refused Medical Aid																			
	36. CHARGES PLACED <b>8-4-030, 720 ILCS 5.0/31-1-A</b>				37. CB NO. <b>19329939</b>				R. NO.				<input type="checkbox"/> DNA											
REASON FOR USE OF FORCE (Check all that apply)	SUBJECT'S ACTIONS				PASSIVE RESISTER				ACTIVE RESISTER				ASSAULT-ASSAULT				ASSAULT-BATTERY				ASSAULT-DEADLY FORCE			
					DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>				FLED <input checked="" type="checkbox"/>				IMMINENT THREAT OF BATTERY <input type="checkbox"/>				ATTACK WITH WEAPON <input checked="" type="checkbox"/>				USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>			
					STIFFENED (DEAD WEIGHT) <input type="checkbox"/>				PULLED AWAY <input checked="" type="checkbox"/>				OTHER _____				ATTACK WITHOUT WEAPON <input type="checkbox"/>				OTHER _____			
					OTHER _____				OTHER <u>SWINGING HANDS AND A</u>								PERCEIVED AS _____				PERCEIVED AS _____			
MEMBER'S RESPONSE	MEMBER'S RESPONSE				MEMBER PRESENCE <input checked="" type="checkbox"/>				OPEN HAND STRIKE <input type="checkbox"/>				ELBOW STRIKE <input type="checkbox"/>				KNEE STRIKE <input type="checkbox"/>				FIREARM <input type="checkbox"/>			
					VERBAL COMMANDS <input checked="" type="checkbox"/>				TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>															
					ESCORT HOLDS <input type="checkbox"/>				OC CHEMICAL WEAPON <input type="checkbox"/>				CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>				KICKS <input type="checkbox"/>							
					WRISTLOCK <input type="checkbox"/>				CANINE <input type="checkbox"/>				IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>				IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>				OTHER _____			
MEMBER'S RESPONSE				ARMBAR <input type="checkbox"/>				TASER (Probe Discharge) <input type="checkbox"/>																
				PRESSURE SENSITIVE AREAS <input type="checkbox"/>				TASER (Contact Stun) <input type="checkbox"/>																
				CONTROL INSTRUMENT <input type="checkbox"/>				TASER (ARC Cycle) <input type="checkbox"/>																
				OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>				TASER (Spark Display) <input type="checkbox"/>																
MEMBER'S RESPONSE				LEAD WITH AUTHORIZATION <input type="checkbox"/>				01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>																
				OTHER _____				OTHER _____																
WEAPON DISCHARGE INCIDENT	WEAPON DISCHARGE INCIDENT				* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)				RANK				STAR NO.				UNIT NO.				40. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
					40a. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				40b. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				40c. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input checked="" type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member											
					41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER				42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors				43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dusk <input type="checkbox"/> 04 Dark <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial				44. WEATHER CONDITIONS <b>CLEAR</b>							
					45. MAKE/MANUFACTURER				46. MODEL				47. BARREL LENGTH				48. CALIBER/GAUGE							
					49. TASER DART ID NO.				50. WEAPON SERIAL No. (Include Letters)				51. CHICAGO GUN REG. NO.				52. IL FIREARM OWNER ID NO.				53. HANDGUN CERTIFICATE NO.			
					54. SPECIAL WEAPON CERTIFICATE NO.				55. PROPERTY INVENTORY NO				56. TYPE OF AMMUNITION USED				57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER				58. TOTAL NO. OF SHOTS MEMBER FIRED			
					59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)				60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED				62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)							
					63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)				64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD				65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO											
					66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - .35 FT. <input type="checkbox"/> 02 .35 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.															
					68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 07 NONE <input type="checkbox"/> 08 ANY OTHER COMBINATION				69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)															
					70. ADDITIONAL INFORMATION																			

<b>CASE INFORMATION</b>	NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.			<b>70. EVENT NO.</b> <b>1617109610</b>		
	40. ADDITIONAL INFORMATION <div style="border: 1px solid black; height: 40px;"></div>					
<b>SIGNATURES</b>	73. REPORTING MEMBER (Print Name) <b>BILINA, MICHAEL J</b> <b>19-JUN-2016 16:13:32</b>		STAR/EMPLOYEE NO. <b>6269</b>	SIGNATURE <div style="border: 1px solid black; height: 20px; background-color: black;"></div>	<b>71. R.D. NO.</b> <b>HZ314433</b>	
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.					
	74. REVIEWING SUPERVISOR (Print Name) <b>OKEEFE, DENIS L</b>		STAR NO. <b>1986</b>	SIGNATURE <div style="border: 1px solid black; height: 20px; background-color: black;"></div>		DATE REVIEWED      TIME <b>19-JUN-2016 16:18:20</b>

Additional discharged weapons:

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEWING AND APPROVAL OF ALL TRR'S FROM THE SAME INCIDENT: 1. THE EXEMPT LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRR'S FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. 3. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

### 75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ INTERVIEW NOT CONDUCTED (Specify Reason)

R/Lt along with Lt. Kapa spoke with above in the 006th District processing room. Subject related that he apologized to the officers for his actions, and that he didn't know what he was thinking. Subject also apologizes to R/Lt's, and also wished them a Happy Father's Day.

### 76. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

Based on information available to R/LT at this time, the officer's actions were within Department Guidelines for Use of Force.

### 77. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

☒ I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

### 78. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

☐ I HAVE CONCLUDED THIS INVESTIGATION FALLS UNDER THE INVESTIGATION AUTHORITY OF THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA).

☐ LOG NO. \_\_\_\_\_ OBTAINED

BASED ON THE INFORMATION THAT I HAVE REVIEWED, I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE RE:

☐ IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

☐ NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES

### 79. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

SLOYAN, GREGORY J

80

TRR

OF

TRR(S)

### 81. TOTAL TRR'S THIS EVENT No.

2

SIGNATURE

DATE COMPLETED

TIME

19-JUN-2016 16:32:37